

## SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Name of Employee: \_\_\_\_\_

Job or Activity at Time of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Exact Location: \_\_\_\_\_

Time: \_\_\_\_\_

1. WHAT HAPPENED? (Tell what the employee was doing, how the incident occurred, and what caused the loss.)
2. WHY DID IT HAPPEN? (Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible :

### OPERATION FACTORS TO BE CONSIDERED:

Improper Equipment Selection, Improper Material Selection, Improper Personnel Selection, Improper Arrangement of, Improper Use of, Improper Placement of, Improper Handling, Improper/lack of Training, Improper Maintenance, Lack of Supervision.

3. WHAT SHOULD BE DONE?                      What action(s) will prevent similar incidents in the future?
4. WHAT HAVE YOU DONE THUS FAR? (Take or recommend action, depending on your authority)
5. HOW WILL THIS IMPROVE OPERATIONS?                      (How will it help us meet our objective: LOSS PREVENTION?)

### 6. WHAT IS YOUR ROUGH ESTIMATED COST OF THIS INCIDENT?

Cost of lost wages and medical expenses? \_\_\_\_\_

Damage to State property or equipment? \_\_\_\_\_

Damage to third parties, property and people? \_\_\_\_\_

TOTAL

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department / Division / Unit: \_\_\_\_\_

**Mail completed report to:**

**DNRC**

**Attn: Safety Officer**

**1625 11<sup>th</sup> Ave, P.O. Box 201601**

**Helena MT 59620-1601**